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Multiple small bowel metastasis after laparoscopically assisted abdominoperineal resection:

A case report and review of the literature

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Abstract

Long-term outcome after laparoscopic surgery for colorectal cancer is still unknown. Trocar-site implantation and local recurrence has raised concerns about this new method. We present a case of a laparoscopically assisted abdominoperineal resection (APR) with small bowel recurrence 19 months after the APR. A review of the literature also is presented.

Key words: Abdominoperineal resection — Colorectal cancer — Laparoscopy, recurrence — Small bowel

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Laparoscopic repositioning of a ventriculo-peritoneal catheter tip for a sterile abdominal cerebrospinal fluid (CSF) pseudocyst:

A case report and review of the literature

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Abstract

Abdominal cerebrospinal fluid (CSF) pseudocyst is an uncommon but well-described complication that is reported to occur in <1% of ventriculo-peritoneal (VP) shunts. Management options for pseudocysts include various types of shunt revisions, which recently have been conducted laparoscopically. We report the case of an 11-year-old girl in

whom a sterile abdominal CSF pseudocyst was successfully fenestrated and the VP catheter repositioned using laparoscopy. This technique in the setting of a noninfected pseudocyst has proven to be safe, with results comparable to the conventional open technique. However, the long-term success rate is still unknown.

Key words: Cerebrospinal fluid (CSF) — Pseudocyst — Laparoscopy — Ventriculo-peritoneal (VP) shunt

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Translaparoscopic jejunal approach for benign stricture of Roux-en-Y hepaticojejunostomy

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Abstract

Although the Roux-en-Y hepaticojejunostomy is the most common surgical procedure for the treatment of bile duct strictures, providing durable long-term results in most patients, when a stricture is present, the management is more difficult, and a reoperation generally will be proposed. However, balloon dilation and endoscopic stenting using the percutaneous transhepatic or transjejunal approach under fluoroscopic guidance have been suggested as the first step or even as definitive management in treating these patients. We present a case report of a patient with a benign biliary stricture as a consequence of a Roux-en-Y hepaticojejunostomy, who was managed through a translaparoscopic jejunal approach because of an unfixed Roux-en-Y loop. In conclusion, we recommend this strategy as the first step for managing the resticture of Roux-en-Y hepaticojejunostomy in patients with an unfixed Roux-en-Y loop.

Key words: Bile duct stricture — Laparoscopic jejunal approach — Roux-en-Y hepaticojejunostomy

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Laparoscopy and unsuspected intraabdominal malignancy with rapid peritoneal spread

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